	SERIAL NO.	FILING DATE
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	479511	1-7-00
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						61							
2							62							
3							63							
4							64							
5							65							
6							66							
7							67							
8							68							
9							69							
10	1						60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19	1						69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81						1	
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6						TOTAL IND.							
TOTAL DEP.	24						TOTAL DEP.							
TOTAL	30						TOTAL							